The Republic of Uganda

A Guide for Interpreting and Applying National Quality Standards for the Protection, Care and Support of Orphans and Other Vulnerable Children in Uganda

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

Hope Never Runs Dry

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June 2007

Foreword

Children are amongst the most precious national treasures of Uganda. But, for many of them who have lost their parents or who are vulnerable in other ways, their future is uncertain and their lives a daily struggle.

This must change. The National Orphans and Other Vulnerable Children Policy (NOP) and the National Strategic Programme Plan of Interventions (NSPPI) were approved in 2004 to define the parameters for action and accountability. Together they represent Uganda's unequivocal commitment to provide all children with protection, care and support.

To give further meaning to these important references for implementation, quality standards for the integrated protection, care and support of orphans and other vulnerable children have been developed. These are in the form of two tools; a poster depicting the national quality standards and a companion booklet for use by service providers to interpret and apply the national level quality standards in their work.

Sincere appreciation is extended to members of the Quality Standards Task Force and the Quality Standards Working Group who provided guidance and direction throughout this ground-breaking process. In addition, thanks are due to CORE initiative, USAID and UNICEF for their technical and financial assistance.

I call upon all stakeholders, duty bearers and rights holders to embrace these quality standards as a way of ensuring that we do indeed realise the vision of a society where all orphans and other vulnerable children live to their full potential and their rights and aspirations are fulfilled.
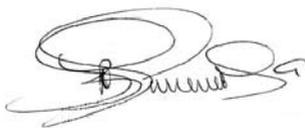
Hon. Syda N. Bbumba
Minister for Gender, Labour and Social Development

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List of acronyms and abbreviations

AIDS	Acquired immune deficiency syndrome
CBO	Community-based organisation
CORE	Community Responses to HIV/AIDS Initiative
CPA	Core programme area
ECD	Early childhood development
FBO	Faith-based organisation
GoU	Government of Uganda
HACI	Hope for African Children Initiative
HIV	Human immunodeficiency virus
M&E	Monitor and evaluate
MGLSD	Ministry of Gender, Labour and Social Development
NOSC	National Orphans and other Vulnerable Children Steering Committee
NOP	National Orphans and other Vulnerable Children Policy
NOSC	National Orphans and other Vulnerable Children Steering Committee
NSPPI	National Strategic Programme Plan of Interventions (for OVC)
OVC	Orphans and other vulnerable children
PEAP	Poverty Eradication Action Plan
PLHA	Person/people living with HIV and AIDS
QS	Quality standards
QSTF	Quality Standards Task Force
QSWG	Quality Standards Working Group
SC	Save the Children
SDIP	Social Development Sector Investment Plan
SPPO	Strategic programme plan objective
UNCRC	United Nations Convention on the Rights of the Child
UNGASS	United Nations General Assembly Special Session (on HIV and AIDS)
UNICEF	United Nations Children's Fund

Orientation to the OVC quality standards guide

Section One provides the background to the quality standards initiative and the intended purpose of the two tools – the national quality standards framework and the companion booklet, referred to as the OVC quality standards guide. It also contains practical user information detailing when and how the tools can be used. Finally, there is a summary of what is contained in each of the sections of the OVC quality standards guide.

Background

The Government of Uganda (GoU) through the Ministry of Gender, Labour and Social Development (MGLSD) approved a *National orphans and other vulnerable children policy* (NOP) and a *National strategic programme plan of interventions for orphans and other vulnerable children* (NSPPI) in 2004. These two instruments reflect a commitment to and a context for the fulfilment of the rights of Ugandan children who are orphaned and/or vulnerable[1].

We all must work in ways that will promote, support and implement the NOP and NSPPI

Service providers, programme implementers and communities supporting orphans and other vulnerable children (OVC) have requested guidance in order to operate within the parameters of the NOP and NSPPI. In response to this call, during 2006, the Ministry initiated the process of developing two OVC quality standards tools – the national quality standards *framework* and the companion OVC quality standards *guide* – under the leadership of a Quality Standards Task Force (QSTF) and a smaller Quality Standards Working Group (QSWG)[2].

In April 2007, the draft quality standards tools were approved by MGLSD and adopted by stakeholders at a national consensus building workshop.

Purpose

We can all use the quality standards tools to improve our work with OVC

The purpose of the quality standards tools, namely the *framework* of national standards and the OVC quality standards *guide*, is to provide a structure and methodology for the development and application of relevant standards for the comprehensive, integrated protection, care and support of OVC at all levels.

User guide

Who will use the OVC quality standards tools?

A girl and boy drape themselves with giant versions of the Yellow Ribbon, symbol of hope and commitment to the wellbeing of orphans and vulnerable children during the launch of the National OVC policy in Uganda

The framework of national quality standards and the companion OVC quality standards guide will be used by officials within Government at all levels who have responsibility for policies and programmes that benefit OVC. In addition, they will be used by service providers and programme implementers involved in the protection, care and support of OVC.

Importantly, the tools will also be used by beneficiaries themselves – the children or adults receiving services or support.

Finally, the tools can be used by donors to identify priority areas for assistance and by those providing technical assistance to OVC programmes.

When and how will the quality standards tools be used?

In our work, when and how can we use the quality standards tools?

The tools are designed to be used *together and in conjunction with* the NOP and NSPPI, as well as with other current and future OVC-related policy and planning instruments.

They can be used to:
- Support advocacy efforts for enhanced dialogue and action for OVC;
- Inform policy development and planning;
- Assist in identifying service requirements;
- Articulate consistent and quality protection, care and support;
- Strengthen and standardise assessments of existing protection, care and support services;
- Facilitate staff, community and caregiver development by promoting discussion and learning and in the identification of training needs;
- Minimise negative outcomes for OVC through the correct and consistent application of standards;
- Enhance the participation of OVC and other beneficiaries;
- Facilitate co-ordination, strategic partnerships and collaboration across sectors;
- Serve as a basis for accountability, auditing and management; and
- Monitor and evaluate (M&E) programmes and services.

What is in the OVC quality standards guide?

Section Two contains important points and discussions to reflect on *before* embarking on the development and application of quality standards.

Section Three provides ideas and methodologies for developing and applying programme-level quality standards, based on the national framework.

Key definitions, the mini-version of the quality standards framework and useful references for further information and guidance can be found in the Appendices.
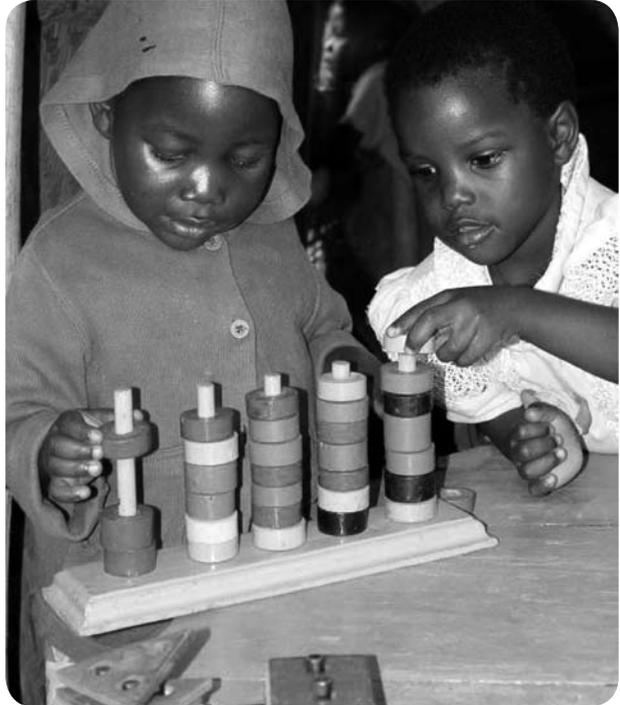
Children play with recreational materials made from locally available products

Footnotes

1   The NOP and NSPPI are integral parts of the Social Development Sector Strategic Investment Plan (SDIP) (2003/4-2007/8) – a MGLSD strategy to improve livelihoods for vulnerable and marginalised groups or persons, through a gender sensitive response to sustainable development – and the Poverty Eradication Action Plan (PEAP) 2004/5–2007/8

2   See Appendix Four for members of the QSTF and QSWG

2 Important points before starting

Section Two covers key questions and answers related to:

- Why there is a focus on quality standards for OVC, as opposed to other measures of protection, care and support;
- What some of the most important features of quality standards are;
- Why it is not possible to have a single standardised set of quality standards that can be applied across all situations;
- Who the priority groups are for whom quality standards should be developed;
- What the range of protection, care and support needs of OVC are that must be considered when developing quality standards;
- What principles must underpin all quality standards; and
- What the strategies should be for implementing interventions that meet quality standards for OVC.

What are quality standards?

Standards are a good way of expressing what you expect from a service

In the past much was written about minimum standards of care for OVC and about best practices. These concepts are becoming less and less popular as minimum standards and best practices that are relevant in one circumstance may be totally inappropriate in another.

For example:

- Access to clean running water;
- Access to fuel for boiling water and for warmth;
- Three nutritiously balanced meals a day; and
- Three sets of clothing, including a uniform;

might be accepted minimum standards in situation A, or might be considered a best practice in situation B. However in situation C, these elements may be either unachievable or, alternately, may be far below what is a desirable standard.

> A **standard** is a statement that describes an expected level of service or performance.
>
> **Quality standards** are standards, which, if attained, meet the needs and interests of OVC and enable them to realise their rights.

As an alternative, the concept of *quality standards* (QS) has replaced these problematic ones, as a way to express an expected level of service delivery or performance and as a reference point against which to measure excellence and quality.

Why do we need quality standards?

Think of the reasons why, in your work, it is necessary to develop and apply QS

A serious commitment to protecting, caring for and supporting OVC has been made in the NOP and NSPPI. As this is translated into action across Uganda it is important that certain standards are met. These standards have many functions and purposes and can be used:

- For planning and auditing services;
- For articulating consistent and quality care;
- For identifying service gaps;
- For a range of management purposes; and
- For facilitating partnerships and multidisciplinary collaboration across sectors.

QS may even become enforceable requirements.

Why do we include "quality" in quality standards?

*What are the **quality** dimensions that are important in your work with OVC?*

Whilst it may be argued that *quality* is different in different situations, there are some generic or common dimensions of quality that can be applied regardless of context, namely appropriateness, acceptability, accessibility, sustainability and so on (see expanded table of dimensions of quality for OVC protection, care and support below[1]). These should be discussed and agreed when embarking on the development of QS.

Pupils attending the Nsongya Primary School in Kisomoro Sub-County, Kabarole District

Dimensions of quality: child, family, community, systems	
Safety	The degree to which risks related to care are minimised; do no harm
Access	The lack of geographic, economic, social, cultural, organisational, or linguistic barriers to services
Effectiveness	The degree to which desired results or outcomes are achieved
Technical performance	The degree to which tasks are carried out in accord with programme standards and current professional practice
Efficiency	The extent to which the cost of achieving the desired results is minimised so that the reach and impact of programmes can be maximized
Continuity	The delivery of care by the same person, as well as timely referral and effective communication between providers when multiple providers are necessary
Compassionate relations	The establishment of trust, respect, confidentiality, and responsiveness achieved through ethical practice, effective communication and appropriate socio-emotional interactions

Appropriateness	The adaptation of services and overall care to needs or circumstances based on gender, age, disability, culture or socio-economic factors
Participation	The participation of caregivers, communities, and children themselves in the design and delivery of services and in decision-making regarding their own care
Sustainability	The service is designed in a way that it could be maintained at the community level, in terms of direction and management as well as procuring resources, in the foreseeable future

How are standards and indicators linked?

Use your programme indicators when developing QS – they must "talk to one another"

Like indicators, which are measures of progress or change, QS may be *input*, *process* or *outcome* standards, or a combination of these. The QS in the national QS framework tend to be outcome and process standards.

For example:

- The most vulnerable children and households receive priority protection, care and support services;
- Early warning systems and services and safety nets exist to identify and meet emergency food security requirements of vulnerable children and households; and
- Family tracing and reintegration services and child soldier demobilisation programmes reach vulnerable children.

Again, like indicators, QS may be embedded in checklists, protocols and performance standards.

Portrait of a young boy

It is important, wherever possible, to ensure that standards and indicators are complementary. They must, as it were, "talk to one another". Therefore, at all levels, from national right down to programme level, the relevant M&E framework is an important reference when developing QS.

For example:

- The national QS: The most vulnerable children and households receive priority protection, care and support services; is related to the following national OVC indicator: *Ratio of proportion of OVC versus non-OVC in households living below the poverty line* (CPA I)*;* and

- The national QS: OVC and their households have basic commodities such as shelter, food, clothing and bedding; is related to the following national OVC indicator: *% OVC whose households received free basic external support in caring for the child* (CPA III).

There is a certain type of language used for QS

Unlike many indicators, standards are not phrased as SMART (specific, measurable, achievable, relevant and time bound) statements. However, as statements of commitment and conformity, the language used is important.

The following two examples, not related to OVC in any way, demonstrate this.

- The organisation's top management shall, at intervals that it determines, review the HIV/AIDS management system, to ensure its continuing suitability, adequacy and effectiveness[2].

- Humanitarian assistance or services are provided equitably and impartially, based on the vulnerability and needs of individuals or groups affected by disaster[3].

So, remember when developing standards, to use appropriate terminology and language.

Section 2 ◆ Important points before starting

Child carrying a plastic jerrycan, walking to collect water from a borehole

What about standards at different levels?

There can be QS for:
- *Vulnerable children,*
- *Vulnerable households and*
- *Duty bearers, services, systems*

In addition to the types of standards that have been described so far, QS for OVC can be applied at three levels. The first two are linked – QS for (i) the vulnerable child and (ii) the vulnerable household. At the third level, the QS can apply to duty bearers, services and systems.

> **Duty bearers** are individuals or institutions (parents, the family, the community, national and local authorities) responsible for the progressive realisation of specific rights; acquiring this responsibility through designation, position or election.

In terms of duty bearers, it is useful to consider who the duty bearers are in households and families, communities, services and the state, as illustrated in the following diagram.

Why can't we use a single national set of standards?

Whilst it may be possible to develop a single checklist of QS for the protection, care and support of OVC, the application of these is likely to be impossible, due to the very different circumstances that exist, from one programme to another, from one area to another, and so on.

For example, a standard that *all families caring for orphans will receive a monthly food parcel* may be applicable where welfare systems or food security programmes are well resourced. However, such standards may not be appropriate or possible or even desirable in other circumstances.

For this reason – that a "one size fits all" approach cannot work – the national quality standards framework provides the *parameters or boundaries* within which organisations, programmes, service providers and implementers can engage communities and beneficiaries to develop and then apply feasible, appropriate, local QS. **Section Three** provides practical information on how this can be done.

NOTE: The QS framework is available in a poster format; and a mini-version is included in Appendix Two for reference purposes.

Who do we target and why do we prioritise?

Many children in Uganda are vulnerable and need protection, care and support, but the NSPPI lists priority categories of vulnerable children and vulnerable households for special attention

Children are rights-holders entitled to the realisation of those set out in the United Nations Convention on the Rights of the Child (UNCRC) and reflected in Uganda's Children's Act, (Cap 59) 2000 as well as in other legal instruments. However, the reality for many children is that their childhood and their rights are at risk. Indeed the NSPPI states that vulnerability broadly encompasses almost all children in Uganda (p15).

There are many reasons why children become orphaned or vulnerable. Understanding these reasons is of relevance as this can inform the nature of the protection, care and support required.

Children at St. Monica Girls Tailoring School, Gulu

And equally, defining vulnerability and developing systems to identify, assess and monitor vulnerable children and households is an important way of targeting and utilising limited resources and capacity.

So, in acknowledging that it would be an impossible task to reach and support all children, the NSPPI has clearly defined the priority target groups for attention and intervention. In addition, the NSPPI also provides guidance on the process to follow in selecting the most vulnerable children, namely that the community must come together and, by consensus, prioritise the most vulnerable children and households to be assisted.

> **Vulnerability** refers to a state of being in which a person is likely to be in a risky situation, suffering significant physical, emotional or mental harm that may result in their human rights not being fulfilled.

For easy reference the NSPPI categories are replicated below. The groups are described in two tiers – the first tier being categories of vulnerable children and the second, categories of vulnerable households.

Vulnerable children	
Category	**Target population**
Child-headed households	Children heading households on their own, including children who are parents
Street children	Children living on the street full- or part-time
Children living in institutions	Children living in resource-poor institutions and/or in institutions not meeting set standards of care, including children imprisoned with their parent(s)
Children affected by conflict, war, or natural disaster	OVC who have been, are, or will be in a risky situation where there is exposure to significant harm due to violence, conflict, war or natural disasters
Children with psychosocial or physical vulnerability	OVC who have been, are, or will be in a risky situation where there is exposure to significant psychosocial or physical harm
Unsupervised children and child labourers	Children left without adult care for a significant part of the day, including child labourers

Vulnerable households	
Category	**Target population**
Single, widowed and female-headed households	Single, widow- or widower-headed households with OVC, where the age of the head of household is 18-49 years and the poverty status of the household is in the neediest category of the community in which they live
Older person-headed households	Older people-headed (male or female) households with OVC, where the age of the head of household is 50 or more years and the poverty status of the household is in the neediest category of the community in which they live
Chronically ill head of household/caregiver/adult household member	Households with OVC in which the head of household, caregiver of children or an adult household member is chronically ill or living with HIV or AIDS and the poverty status of the household is in the neediest category of the community in which they live
Households affected by conflict, war or natural disaster	Households with OVC which have been made vulnerable by violence, conflict, war or natural disaster and the poverty status of the household is in the neediest category of the community in which they live
Households with persons living with a disability	Households with OVC in which the head of household and/or caregiver or children are physically or mentally challenged and the poverty status of the household is in the neediest category of the community in which they live
Households in hard-to-reach areas	Households with OVC in hard-to-reach areas, with poor access to basic social services, particularly health and education

Clearly the QS will differ for different target groups and this targeting and prioritising is thus an important *lens* that must be applied when developing programme-level standards.

What elements of protection, care and support must the standards cover?

OVC and their families have complex, multidimensional protection, care and support needs that require responses that are comprehensive, holistic and interdisciplinary. Their needs include socio-economic security, shelter, clothing, food and nutrition support, psychosocial support, health care and education and vocational training, as well as protection from abuse, neglect and exploitation.

The NSPPI has 10 core programme areas (CPAs) that categorise these essential needs and rights in a way that is relevant for Uganda. The CPAs must serve at all times as a reference for any quality standards.

Child inside Agweng IDP camp in northern Uganda

CPA I:	Socio-economic security
CPA II:	Food security and nutrition
CPA III:	Care and support
CPA IV:	Mitigation of the impact of conflict
CPA V:	Education
CPA VI:	Psychosocial support
CPA VII:	Health
CPA VIII:	Child protection
CPA IX:	Legal support[4]
CPA X:	Strengthening capacity

Core programme areas – ten programme areas that were identified during the NOP and NSPPI articulation process as essential to the well-being of OVC

What are the values and principles that guide our work with OVC?

Child at the official launch of the national "Go to School, Back to School, Stay in School" campaign, Nampumpum Primary School, Panyangara Sub-County, Kotido District

The right way to work with OVC is in accordance with the values and guiding principles enshrined in the NSPPI

The core values in the NSPPI are *love, care and compassion for OVC*. In order to abide by and give meaning to these values, the NSPPI requires that all interventions and services for OVC are guided by a number of important principles, namely to:

- Build on the human rights-based approach to programming;

- Make the family and community the first line of response;

- Focus on the most vulnerable children and households;

- Reduce vulnerability;

- Facilitate community participation and empowerment;

- Promote gender equity;

- Treat recipients with respect;

- Reduce stigma and discrimination;

- Ensure the social inclusion of marginalised groups;

- Ensure the participation of vulnerable children and families;

- Strengthen partnerships;
- Deliver integrated and comprehensive services;
- Support service delivery through decentralisation; and
- Design age-sensitive programmes.

All QS developed and applied must reflect the NSPPI core values and these guiding principles.

> **Participation** means a sustained commitment to the meaningful involvement of family members, caregivers and children themselves in the design and delivery of services and in decision-making regarding their care.

For our programmes and services, are there specific strategies?

Which of these strategies do you use in your work?

The NSPPI proposes that appropriate strategies for implementation are as follows:

- Direct interventions;
- Mobilisation, advocacy and promotion;
- Collaboration and linkages;
- Leadership;
- Gender analysis; and
- Documentation, assessment, monitoring and evaluation.

Children from the village of Katabole in Moruita Sub-County, Nakapiripirit District

In turn these strategies, like the values and principles, must be mirrored in the QS.

Finally, the QS should all contribute, in one way or another, to the achievement of the four strategic programme plan objectives (SPPOs) in the NSPPI, namely:

• To create an environment conducive for the survival, growth, development and participation of vulnerable children and households;

• To deliver integrated, equitably distributed essential social services to vulnerable children and households that are of sufficient quality;

• To strengthen the legal, policy and institutional frameworks for programmes that seek to protect vulnerable children and households at all levels; and

• To enhance the capacity of households, communities and implementing agencies to deliver integrated, equitable and quality services for vulnerable children and households.

A **household** is defined as a group of people who normally live and eat together in one spatial unity and share domestic functions and activities.

Two young children play with a makeshift ball

In summary, all the elements and points mentioned above are important aspects to consider during the process of developing and applying QS. Examples and stories reflecting these can be found in **Section Three**.

Children at the official launch of the national "Go to School, Back to School, Stay in School" campaign, Nampumpum Primary School, Panyangara Sub-County, Kotido District

Footnotes

1   Adapted from Sustaining Quality of Healthcare: Institutionalization of Quality Assurance, September 2003. The QA Project, Bethesda, MD
2   Source: NOSA HIV/AIDS management system
3   Source: Sphere handbook
4   CPA VIII: Child protection and CPA IX: Legal support are combined in the Intervention Framework in the NSPPI

Section Three focuses on the "how to" of developing quality standards by:

- Providing a simple step-by-step process that can be followed when developing standards;
- Listing some examples of programme-level standards, related to each of the CPAs; and
- Proposing ideas to guide the application of quality standards.

Getting set to develop quality standards?

Check if this process will work for your programme

This simple step-by-step process can be followed to develop programme-level QS.

Step 5
Check the QS

Step 4
Develop the QS

Step 3
Assess and consult

Step 2
Select the CPAs

Step 1
Set up the team
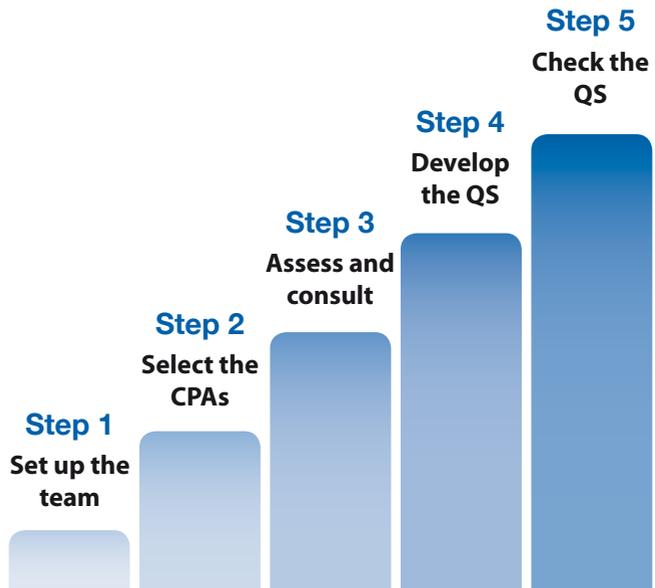
Below is further information about each of the steps.

Step **1**

Set up a multidisciplinary and multisectoral team to develop the QS that includes beneficiary representation. This will be different in different areas and situations, but where possible, an existing structure, like a District Technical Planning Team or District Multisectoral Co-ordination Committee, could accept this mandate.

Step **2**

Examine the NSPPI to identify which CPAs apply to your programme and in what manner. For example, an early childhood development (ECD) programme will need to interpret **CPA V: Education** in a way that is age appropriate.

Step **3**

Carry out an assessment or consult with community stakeholders and beneficiaries regarding what constitutes bad or good (quality) services.

Step **4**

Check against:
- *Quality dimensions*
- *National QS*
- *Programme indicators*
- *Priority groups*
- *Elements of protection, care and support*
- *Values and principles*
- *Key strategies*

Identify or develop QS in each of the relevant CPAs that are programme-specific and that are checked against all the aspects detailed in **Section Two**.

These aspects include:
- Reflecting the dimensions of quality that have been agreed;
- Linking to national QS;
- Linking to programme indicators;
- Covering all levels – children, households, duty bearers, services and systems;
- Targeting selected priority groups;
- Encompassing all elements of protection, care and support;
- Complying with NSPPI values and principles; and
- Reflecting key strategies.

Remember that a *regular review of QS* should be one of the standards.

Step **5**

Conduct a reality check for each QS that answers the following questions:

- Why is the QS important for us (check the rationale)?

- Is the QS acceptable and useful (to our staff, partners and beneficiaries), feasible (it can be applied in our situation) and affordable (the interventions linked to the standard are cost effective)?

- Do we have the skills and other resources to monitor application of the QS?

Discard or amend any QS that do not pass the reality check.

A Karamojong girl solves an arithmetic problem, using plastic bottle caps, in an open-air classroom at the Namijij ABEK Centre, in Moroto District

Examples of programme-level quality standards

For each CPA, *one* national QS has been selected and a few examples of standards have been listed that may be appropriate for specific programmes (or, alternatively, may suggest possibilities for appropriate programme-level QS). In most cases these are drawn from Ugandan and other international and African sources (full references are provided in **Appendix Three**).

CPA	National QS	Examples of programme-level QS
CPA I Socio-economic security	Basic livelihood resources, such as agricultural inputs, are provided to needy households	• Needy households are identified according to community criteria and following a community consensus assessment • Income support, labour saving and entrepreneurial skills building programmes benefit OVC and their caregivers • Savings and credit schemes are relevant for vulnerable households **Ref:** **MGLSD; Integrated care for OVC: A training manual for community service providers**
CPA II Food security and nutrition	Household members acquire skills and resources to improve food security	• Registered child-headed households have adequate amounts of properly prepared, wholesome and nutritious food in accordance with local dietary habits • Trained community volunteers provide information and advice on recommended nutrition practices, as well as how to identify nutrition-related diseases • Vulnerable households construct granaries and store food and seed after harvesting **Ref:** **MGLSD; Integrated care for OVC: A training manual for community service providers** **Ref:** **MGLSD; Integrated care for OVC: A toolkit for community service providers**

CPA III Care and support	OVC and their households have basic commodities such as shelter, food, clothing and bedding	• All care and support services are provided in a child-friendly, enabling environment • Children participate in decisions regarding their care and support • Initial assessment and regular follow-up of every child is done by appropriately skilled service providers **Ref: adapted from various sources**
CPA IV Mitigation of the impact of conflict	All actors work collaboratively to secure an environment in which essential social services reach vulnerable populations affected by conflict	• Programmes and services for girls and women affected by conflict address rape, sexual slavery, enforced prostitution and other grave forms of sexual violence • Judiciary, police, security personnel and armed forces are trained in humanitarian and human rights law and on the protection and care of children in conflict situations • Programmes to prevent recruitment of children into hostilities are developed in response to the expressed needs and aspirations of children **Ref: UNICEF; Implementation handbook for the CRC**
CPA V Education	Education access and retention for OVC is supported materially and financially	• Mechanisms are in place for defining and identifying the most vulnerable pupils • Artificial barriers, such as need for uniforms and payment of levies that deny OVC entry into schools are removed • Collaboration between schools and other sectors, such as social welfare, health, labour, agriculture and NGOs, enable children in particularly difficult circumstances to access relevant services to meet specific needs **Ref: SC; A conceptual framework for the identification, support and monitoring of children experiencing orphanhood**

CPA VI Psycho-social support	An appropriate range of psychosocial support services is available to vulnerable children and family members, including therapeutic, succession planning and recreational activities	• Parents and communities are educated about succession planning • Services promoted include counselling for HIV+ parents on serostatus disclosure to their children; creation of memory books; training for standby guardians; and legal literacy and will writing • Vulnerable children are regularly assessed for signs of severe psychosocial difficulties **Ref: MGLSD; A holistic approach to psychosocial support: A national training manual for caregivers of OVC in Uganda** **Ref: Horizons; Succession planning in Uganda: Early outreach for AIDS-affected children and their families** **Ref: MGLSD; Integrated care for OVC: A toolkit for community service providers**
CPA VII Health	OVC access preventive, curative and rehabilitative health services on an equal basis with other children	• Parents and caregivers of OVC are educated on preventive health care (common childhood illnesses, immunisations, proper hygiene, de-worming and preventing malaria) • Programmes targeting vulnerable households improve access to clean water and sanitation • Free or subsidised medical services are available to treat OVC who are sick **Ref: MGLSD; Integrated care for OVC: A training manual for community service providers** **Ref: MGLSD; Integrated care for OVC: A toolkit for community service providers**

CPA VIII Child protection CPA IX Legal support	There are immediate responses to circumstances and conditions that grossly violate the rights of children, subjecting them to serious risks and hazards	• Community members are aware of the signs and symptoms of child abuse and know how to report to the authorities • Temporary alternative care facilities exist for OVC in difficult circumstances • OVC who are victims of neglect, maltreatment, exploitation and abuse receive appropriate legal services and treatment for their physical and psychological recovery and reintegration into society **Ref: MGLSD; Integrated care for OVC: A toolkit for community service providers** **Ref: MGLSD; Integrated care for OVC: A training manual for community service providers**
CPA X Strengthening capacity	Meaningful community involvement in OVC-related matters takes place at all stages and levels	• OVC issues are integrated into community planning processes • Community leaders advocate to end the stigma, discrimination and silence surrounding OVC • Programmes for OVC are appropriately and sustainably resourced **Ref: UNAIDS, UNICEF & USAID; Children on the brink: A joint report of new orphan estimates and a framework for action** **Ref: MGLSD; Integrated care for OVC: A training manual for community service providers**

Applying quality standards

As mentioned in **Section One**, the QS tools have a range of potential purposes and these have been used in short stories that serve as a way of describing how QS can be applied.

Then, for further guidance, refer to the existing MGLSD OVC documents (listed in Appendix Three) which provide further examples and practical ways of translating the CPAs into action and, by extension, of applying any QS.

Children playing in an Early Childhood Development (ECD) Centre in Lira District

Support *advocacy* efforts for enhanced dialogue and action for OVC – use QS to identify priority advocacy issues and to frame advocacy messages. For example, apply relevant QS to advocacy initiatives to prevent recruitment of children into hostilities (CPA IV).

Mr Mukasa is a headman in northern Uganda. He is also chairperson of the local OVC committee that oversees programmes targeting child soldiers.

In efforts to apply the QS *relevant, sustainable actions to prevent under-age recruitment of children into armed groups,* Mr Mukasa is leading an advocacy campaign in order to persuade parents, teachers, local leaders and youth groups to take on the specific roles that they have to play in this regard.

Portrait of a young girl

Inform *policy* development – use QS to ensure that policies address important areas for action. For example, reflect the relevant QS in a policy provision to remove artificial barriers, such as need for uniforms and payment of levies that deny OVC entry into schools (CPA V).

Mrs Peace Acheng is the headmistress of a primary school in Kabarole District. Despite the Government's policy of universal primary education, she knows that some local children of school-going age are not in school.

In efforts to apply the QS *education access and retention for OVC is supported materially and financially,* Mrs Acheng has researched the reasons why these children are not in school and, finding that it is primarily because they have no uniforms, she has set up a fund to purchase second hand uniforms for distribution to these children.

Input into *planning* – use QS as sources of information during planning processes. For example, planning and budgeting would need to cater for the implications of a standard of free or subsidised medical services to treat OVC who are sick (CPA VII).

Dr Peter Mugisa works in the Ministry of Health's planning division and is responsible for matching predicted future health service demand with available facilities and resources (human, financial and material).

In efforts to apply the QS *OVC access preventive, curative and rehabilitative health services on an equal basis with other children,* Dr Mugisa has proposed a pilot project in three Districts to test the feasibility of providing free primary health care to children from households that meet certain vulnerability criteria.

Assist in identifying *service requirements* – use QS to highlight problem areas and gaps. For example, QS related to linking needy households to services may identify gaps in terms of the community consensus assessment (CPA I).

Mrs Martha Namakula is head of her local women's church group and a leader in her community. She was recently approached by the District Multisectoral Co-ordination Committee to participate in a process to set criteria and targets for supporting vulnerable households in the community.

In efforts to apply the QS *the most vulnerable children and households receive priority protection, care and support services,* Mrs Namakula was able to speak on behalf of more than a dozen households that needed urgent support, following the destruction of their crops by locusts.

Fulumera Naziwa, manager of the Kyabikere Early Childhood Development (ECD) centre supervises some of the 30 boys and 38 girls, aged 3-5, under her care, in Kitholu Sub-County of Uganda's westernmost Kasese District

Articulate *consistent and quality care and support* – use QS to standardise important aspects of care and support. For example, in accordance with a standard, registered child-headed households receive support in order that they have adequate amounts of properly prepared, wholesome and nutritious food in accordance with local dietary habits (CPA II).

Councillor James Kyeyune has just been appointed to lead his city's HIV and AIDS response.

In efforts to apply the QS *community programmes reduce food insecurity experienced by vulnerable households,* Councillor Kyeyune is monitoring all aspects of the food assistance provided by local churches and schools to child-headed households, including introducing a regular nutrition and health status check – in conjunction with the local health centres – of all children living without adult supervision.

Strengthen and standardise *assessments* of existing care and support services – use QS to include key aspects that might not otherwise be part of routine assessments. For example, attention to QS may result in vulnerable children being regularly assessed for signs of severe psychosocial difficulties (CPA VI).

Mrs Ann Nyadoi has been a teacher for the past 20 years. After attending a course in bereavement counselling for children affected by HIV and AIDS, she recognised that a number of pupils were being discriminated against in subtle but damaging ways.

In efforts to apply the QS *psychosocial support is an integral part of all care and support programmes* for OVC, Mrs Nyadoi has initiated an awareness campaign in the school as well as setting up an assessment programme to identify any psychosocial support needs of affected pupils.

Facilitate *staff, community and caregiver development* – use QS to promote discussion and learning and in the identification of training needs. For example, a standard may highlight that OVC programmes neglect HIV infected children and that staff require specialised training to identify health-related problems in HIV infected children (CPA VII).

Reverent Moses Otim regularly visits sick parishioners at home and in hospital. He notices that the caregivers of children who are infected with HIV and suffering from respiratory problems are not able to treat them as the standard medication specifies dosages for adults only.

In efforts to apply the QS *children who are living with HIV access appropriate specialised care,* Reverent Otim convinces the Medical Superintendent at the local hospital to organise two seminars on treating paediatric HIV – one for health care workers and one for the field staff of the NGO that runs the local home-based care programme.

Minimise negative outcomes for OVC through the correct and consistent application of standards – use QS to ensure that vulnerable children do not slip through existing safety nets. For example, correct and consistent application of QS will ensure that OVC who are victims of neglect, maltreatment, exploitation and abuse receive appropriate treatment for their physical and psychological recovery and reintegration into society (CPA VIII & CPA IX).

Ten years ago, Mrs Ruth Were established an NGO that works with vulnerable children. Sadly many of the children, especially girls, have been abused or exploited and any recourse is hampered by the fact that the available legal aid resources are insufficient to cope with the demand.

In efforts to apply the QS *there are immediate responses to circumstances and conditions that grossly violate the rights of children, subjecting them to serious risks and hazards,* Mrs Were secured funding to build, equip and staff a centre that will serve as a one-stop facility for girls who have experienced abuse.

Enhance the *participation of OVC and other beneficiaries* – use QS to promote meaningful participation of vulnerable children in programmes addressing their needs and rights. For example, applying a standard on participation by OVC is likely to result in optimal responses to their care and support needs (CPA III).

Julius Kagezi is 15 years old. He lost both his parents to AIDS two years ago and is struggling to support his three younger siblings by selling fish in town.

In efforts to apply the QS *OVC and their households have basic commodities such as shelter, food, clothing and bedding,* Julius participated in a workshop with a number of his peers, where, through games and sport, the children examined their circumstances and identified their most urgent needs and found ways to meet these.

Adolescent boys in Buheesi Sub-County of western Uganda's Kabarole District construct wooden beds which will be sold locally as part of a vocational skills training and income-generation programme, operated by the community with UNICEF support, to benefit vulnerable households

Facilitate *co-ordination, strategic partnerships and collaboration* across sectors – use QS to promote multisectoral responses. For example, a standard might require collaboration between schools and other sectors, such as social welfare, health, labour, agriculture and NGOs, to enable children in particularly difficult circumstances to access relevant services to meet specific needs (CPA V).

Mrs Ingrid Nabakooza is a social worker and helps run the IDP camp in Pader District. Although many more children are now able to go to school than in the past, she is worried about the older boys who missed the opportunity to get an education.

In efforts to apply the QS *alternative or non-formal basic education is available to vulnerable children who are educationally marginalised,* Mrs Nabakooza called a meeting of local education, labour, agriculture and welfare representatives to explore ways of offering basic education to boys who have had no schooling as part of the income generation projects they participate in.

Serve as a basis for *accountability, auditing and management* – use QS as a tool to track responses. For example, a standard that community leaders advocate to end the stigma, discrimination and silence surrounding OVC may be tracked (CPA X).

Mr Michael Ekwamu is a Deputy Director in the MGLSD's Department of Youth and Children Affairs. His mandate is to improve the delivery of integrated care to OVC.

In efforts to apply the QS *meaningful community involvement in OVC-related matters takes place at all stages and levels,* Mr Ekwamu brings community leaders together annually to identify the barriers hampering the effective delivery of integrated care to OVC and to develop and adopt strategies to remove or address these barriers.

Monitor and evaluate (M&E) programmes and services – use QS to enhance M&E systems and processes.

Mrs Patience Nalule is a researcher with the Uganda AIDS Commission. Amongst her many responsibilities, she must compile and analyse reports and statistics on vulnerable children.

In efforts to apply many of the national OVC QS, Mrs Nalule produces a regular report on the situation of children made vulnerable by HIV and AIDS, detailing the responses and services that are in place to enable them to live to their full potential and to ensure that their rights and aspirations are fulfilled. The report is disseminated widely within and outside of Government, in the process serving as an advocacy, planning, management and monitoring tool.

Young girl at the Kyabikere Early Childhood Development (ECD) centre in Kitholu Sub-County

1 Definitions

Building blocks	The four main themes of the NSPPI around which major initiatives for OVC are structured and that serve as an advocacy tool for the NSPPI
Caregiver	An individual, usually the mother, who takes primary responsibility for the physical, mental and emotional needs and well-being of a child
Child	A person who is below the age of 18 years
Child abuse	Refers to all forms of mistreatment or neglect of children that deprives them of their conventional rights; the following categories of abuse will be considered: • Neglect; • Sexual; • Physical hurting; • Psychological (emotional, verbal abuse, constant insulting); and • Spiritual
Child neglect	The failure to provide for the child's basic needs; neglect can be physical, educational or emotional
Community	A group of people, usually living in an identified geographical area, who share a common culture and are arranged in a social structure that allows them to exhibit some awareness of a common identity as a group
Comprehensive	An approach that is all-inclusive and holistic
Comprehensive care	Arrangements that meet protection, care and support needs in a holistic manner
Comprehensive OVC package	Refers to having various players offering services in a co-ordinated, unified and linked manner with referrals
Core programme areas	Ten programme areas that were identified during the NOP and NSPPI articulation process as essential to the well-being of OVC

Duty bearers	Individuals or institutions (parents, the family, the community, national and local authorities) responsible for the progressive realisation of specific rights; acquiring this responsibility through designation, position or election
Extended family	A collection of individuals, families or households who are related biologically, often with social ties and responsibilities towards one another that lead to the provision of material and other support for those members of the family in need
Family	A group, consisting of one or more parents and their offspring, that provides a setting for social and economic interaction, the transmission of values and protection
Household	A group of people who normally live and eat together in one spatial unity and share domestic functions and activities
Indicator	A measure of progress made towards an objective
Integrated	The result of a process of rearranging and organising to create a co-ordinated, harmonised and unified whole
Integrated in a community setting	Refers to identifying care givers to receive the OVC, providing a package for integration, preparing the child for integration, actual placement of the child in the community and follow up on the child placement after six months
Maternal orphan	A child below the age of 18 years who has lost their mother
Orphan	A child below the age of 18 years who has lost one or both parents
Quality standards	Standards, which, if attained, meet the needs of OVC and enable them to realise their rights
Participation	A sustained commitment to the meaningful involvement of family members, caregivers and children themselves in the design and delivery of services and in decision-making regarding their care
Paternal orphan	A child below the age of 18 years who has lost their father

Social protection	Formal and informal initiatives that provide assistance to extremely poor individuals and households; services to groups that need special attention or that would otherwise be denied access to basic services; insurance to protect against risks and consequences of livelihood shocks; and equity to protect people against risks such as discrimination and/or abuse
Standard	A statement that describes an expected level of service or performance
Vulnerability	A state of being in which a person is likely to be in a risky situation, suffering significant physical, emotional or mental harm that may result in their human rights not being fulfilled
Vulnerable child	A child who, based on a set of criteria when compared to other children, bears a substantive risk of suffering significant physical, emotional or mental harm, including: • Street children; • Unsupervised children and child labour; • Children in child-headed households; • Children in alternative/residential care; • Children with HIV/AIDS; • Children with multiple/severe disabilities; • Children in conflict areas; • Children of chronically ill caregivers; • Children in household headed by a very old caregiver (60+); and • Children in single, widowed, female-headed households
Yellow ribbon	A symbol that has been selected for purposes of advocacy for the improvement of the lives of OVC

National quality standards for the protection, care and support of orphans and other vulnerable children in Uganda

NOTE: This framework should be used in conjunction with the companion booklet entitled *A guide for interpreting and applying national quality standards for the protection, care and support of orphans and other vulnerable children in Uganda*

SPPO I:
To create a conducive environment for the survival, growth, development, participation and protection of OVC

CRC Article 38: The right to all feasible measures to ensure protection and care of children who are affected by an armed conflict	**CPA III: Care and support** The basic physical, cognitive and psychosocial needs of OVC and their care givers are met, on a sustainable basis	• OVC and their households have basic commodities such as shelter, food, clothing and bedding • Families and communities access support and services to provide quality care to OVC • Alternative care facilities meet nationally approved standards	3.1) Ratio of OVC versus non-OVC who have three minimum basic material needs for personal care 3.2) % OVC whose households received free basic external support in caring for the child 3.3) % OVC who live under the protection of an adult caregiver	• Short-term care packages for vulnerable children living without adult supervision or in institutions • Assistance to improve shelter, water, sanitation for the neediest households • Programmes for the reintegration and/or resettlement of children from alternative care facilities into communities • Specialised assistance for children and caregivers with disabilities
	CPA IV: Mitigation of the impact of conflict Children affected by conflict enjoy the same rights as children elsewhere in Uganda	• Family tracing and reintegration services and child soldier demobilisation programmes reach vulnerable children • Conflict affected and displaced children are resettled into non-conflict areas or alternative care • All actors work collaboratively to secure an environment in which essential social services reach vulnerable children affected by conflict	4.1) % of children affected by conflict/ displacement accessing essential services	• Counselling, demobilisation and safe havens for conflict-affected children • Community-based education on minimising the impact of conflict on children • Programmes in safe areas for children living in unstable areas to access education and health services • Training for health personnel in documenting psychosocial and physical trauma due to violence

SPPO I: To create a conducive environment for the survival, growth, development, participation and protection of OVC

BUILDING BLOCK A SUSTAINING LIVELIHOODS	STANDARDS	NATIONAL INDICATORS	SAMPLE INTERVENTIONS NSPPI p43-46
CRC Article 27: The right of every child to a standard of living adequate for his/her physical, mental, spiritual, moral and social development			
CPA I: Socio-economic security OVC and their households are able to sustain their livelihood, accessing short-term emergency assistance where needed	• The most vulnerable children and households receive priority protection, care and support services • Basic livelihood resources, such as agricultural inputs, are provided to needy households • Training and capacity building programmes equip vulnerable children and households with skills to improve their socio-economic security	1.1) Ratio of proportion of OVC versus non-OVC in households living below the poverty line	• Regular income support for older caregivers of OVC • Microfinance and small credit services for vulnerable youth and households • Strategic discussions among multisectoral community leaders regarding socioeconomic security issues for OVC • Volunteer programmes, including community labour, support community safety nets
CPA II: Food security and nutrition All household members access adequate and appropriate food to meet their nutritional needs	• Early warning systems and services and safety nets exist to identify and meet emergency food security requirements of vulnerable children and households • Household members acquire skills and resources to improve food security • Community programmes reduce food insecurity experienced by vulnerable households	2.1) Ratio of proportion of OVC versus non-OVC who are malnourished (underweight) 2.2) Ratio of food insecure households with OVC compared to households without OVC	• Agricultural tools and equipment provided to vulnerable households • Short-term school-based and/or community food programmes • Training in less labour-intensive farming technologies • School-based gardening programmes for older children

CRC: Article 24:	CPA VII: Health			
The right of a child to the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health	All OVC enjoy a state of physical, mental and emotional wellbeing that allows them to be productive and to achieve their potential	• OVC access preventive, curative and rehabilitative health services on an equal basis with other children • Children who are living with HIV access appropriate specialised care • Health status of vulnerable children is monitored, eg through inclusion of key information on immunisation cards and clinic and hospital forms	7.1) Ratio of proportion of OVC 12-24 months versus non-OVC 12-24 months who are fully immunised	• Preventive health care services for vulnerable children • Hospice care for chronically and terminally ill children in need of specialised care • Training of health care workers in providing more user-friendly services for vulnerable children, those with disabilities and older persons • ART programmes for parents/caregivers and children living with HIV

BUILDING BLOCK B LINKING ESSENTIAL SOCIAL SECTORS		STANDARDS	NATIONAL INDICATORS	SAMPLE INTERVENTIONS NSPPI p47-49
SPPO II: To deliver integrated, equitably distributed and quality essential social services to vulnerable children and households				
CRC Article 28: The right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity	**CPA V: Education** All OVC have equitable access to education and to formal and informal systems of information acquisition, skills building and technical experience	• Education access and retention for OVC is supported materially and financially • Alternative or non-formal basic education is available to vulnerable children who are educationally marginalised • Systems are in place to ensure significant and permanent gains in achieving equitable access to education at all levels	5.1) Ratio of proportion of OVC versus non-OVC aged 10-14 years who are currently attending school	• Short term assistance (scholastic materials and uniforms) for needy students • Training to keep girls in school and safe • Adult education programmes for caregivers of OVC • Community innovations and early childhood care and development programmes for preschool children
	CPA VI: Psychosocial support OVC and vulnerable households access assistance to positively and meaningfully affect their psychological and social situations	• Psychosocial support is an integral part of all care and support programmes for OVC • An appropriate range of psychosocial support services is available to vulnerable children and family members, including therapeutic, succession planning and recreational activities • Referral systems and networks are in place to ensure access to psychosocial support services	6.1) % OVC 6-17 years participating in peer group activities 6.2) Ratio of proportion of OVC versus non-OVC aged 12-17 who have a positive connection with the adult they live with most of the time	• Assistance in preparing wills and memory books and for transitions in care giving • Facilitation of youth groups and other peer groups • Community awareness raising around AIDS and OVC and the prevention of stigma and discrimination • Provision of recreational equipment, facilities and programmes

BUILDING BLOCK D
ENHANCING THE CAPACITY TO DELIVER

SPPO IV:
To enhance the capacity of households, communities, implementing agents and agencies to deliver integrated, equitably distributed and quality services for vulnerable children and households

	STANDARDS	NATIONAL INDICATORS	SAMPLE INTERVENTIONS NSPPI p51
CPA X: Strengthening capacity and resource mobilisation Capacity – individual, household, community and national – is improved to deliver integrated care to OVC	• Infrastructure, personnel, training and management are adequate to deliver care, support and services to OVC • Interagency linkages, communication and co-ordination effectively support policies, planning and programming for OVC • Meaningful community involvement in OVC-related matters takes place at all stages and levels	10.1)% OVC who have access to a comprehensive OVC service package 10.2)% OVC programme resources that was spent on direct programme costs	• Improved facilities and resources for social welfare workers • Initiatives to mobilise and allocate resources • Operations research, documentation and dissemination • Improved communication between MGLSD, development partners and implementing agencies

Key strategies

- Direct interventions
- Mobilisation, advocacy and promotion
- Collaboration and linkages
- Leadership
- Gender analysis
- Documentation and assessment

Guiding principles

- Building on the human rights-based approach to programming
- Making the family and community the first line of response
- Focusing on the most vulnerable children and households
- Reducing vulnerability
- Facilitating community participation and empowerment
- Promoting gender equity
- Treating recipients with respect
- Reducing stigma and discrimination
- Ensuring the social inclusion of marginalised groups
- Ensuring the participation of vulnerable children and families
- Strengthening partnerships
- Delivering integrated and comprehensive services
- Supporting service delivery through decentralisation
- Designing age-sensitive programmes

SPPO III:
To strengthen the legal, policy and institutional frameworks for programmes targeting vulnerable children and households at all levels

BUILDING BLOCK C STRENGTHENING LEGAL AND POLICY FRAMEWORKS	STANDARDS	NATIONAL INDICATORS	SAMPLE INTERVENTIONS NSPPI p50
CRC: Articles 32, 34, 35 & 36: The right of all children to protection from all forms of abuse and exploitation **CPA VIII: Child protection** **CPA IX: Legal support** OVC are protected from all forms of abuse and exploitation and from hazards and harm	• OVC access legal assistance in cases related to inheritance, property and guardianship • There are immediate responses to circumstances and conditions that grossly violate the rights of children, subjecting them to serious risks and hazards • Vital registration (birth, death, etc) and information systems that support children's rights are in place and/or strengthened	8.1) Ratio of proportion of OVC versus non-OVC aged 15-17 who had sex before age 15 years 8.2) Proportion of children under 5 years whose births are reported registered	• Legal aid for OVC and their care givers • Broad-based awareness campaign on reporting cases of child abuse, neglect, or labour • Legal redress for widows and OVC regarding pensions and property • Monitoring mechanisms implemented to report on child protection issues

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